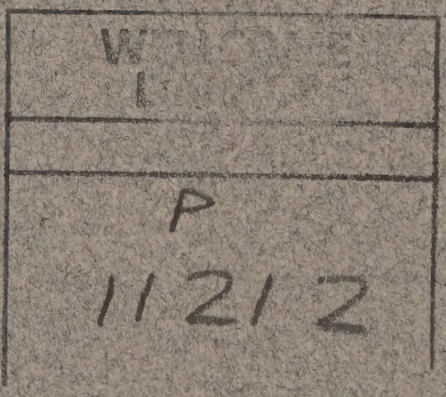
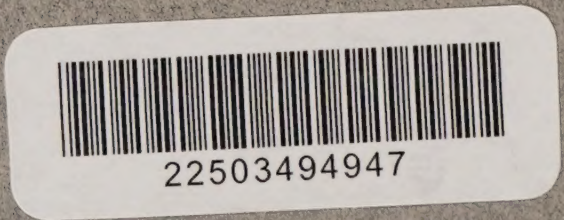

W
L
P
11212


22503494947

W.C.S. from F.

LADY DOCTORS.

LONDON:
EMILY FAITHFULL,
Printer and Publisher in Ordinary to Her Majesty,
VICTORIA PRESS, 14, PRINCES STREET, HANOVER SQUARE, AND
83A, FARRINGDON STREET, E.C.

1864.

LADY DOCTORS.

By the successful result of the examination of Miss Garrett, at Apothecaries' Hall, the small end of the wedge has at last been inserted into a great social injustice, which has long been a stigma on the fair fame of our country for even-handed justice, as well as the interests of science. At last, the rightful claim of our countrywomen to be admitted into an honourable profession, especially adapted to their peculiar psychology, is about to be entertained by the public at large; and despite the jeers, ridicule, and abuse, often as ungentlemanly as unjust, heaped by certain members of the profession and a portion of the public press on those ladies willing to take upon themselves the arduous duties of the medical practitioner, we have little doubt their cause will ultimately succeed. For ourselves, we need hardly say we wish them every success; and it is with the hope of interesting those of our readers in their favour who have not yet given sufficient attention to the subject to allow them to form a definite conclusion as to its merits that we place the present paper before them.

The medical profession, unlike most others, possesses a double charm for its members; it partakes both of a worldly and religious aspect. It is not only an honourable means of obtaining an existence, but it allows the practitioner a greater opportunity of indulging in good works than any other profession extant, not even excepting the clerical itself. Any one who has given the slightest attention to the subject will admit that none labour gratuitously in the service of the poor more arduously than medical men, not from any particular religious obligation they imagine themselves to be under, but solely from the luxury of doing good; and frequently they may be seen attending patients with the greatest care and solicitude, from whom they have not the slightest chance of receiving one farthing, while their wealthier patients, but with less urgent cases, are waiting impatiently for their advice. Why then, may we ask, if there exists this religious charm in the practice of medicine, should women be debarred from participating in

it? Their energy in all subjects which interest them, their patience and gentleness in assisting the sick, and their general readiness to take part in all good works brought under their notice, are quite equal to similar qualifications in men, and yet the profession of all others which offers the greatest scope for the exercise of these qualifications is shut out from them.

But looked at as a subject of social economy, we would ask if this virtual prohibition against women practising the medical profession is not an injustice to the community at large? We maintain that it is, and that the plea that the profession is already overstocked is simply an absurdity. Nay more, that so far to the contrary there is still ample room for a very large addition to the numbers already engaged in it. Taking the population of the metropolis as a whole, and ascertaining the number of medical practitioners residing in it, they will be found not sufficient to attend properly to the immense number of cases requiring their assistance. True it is in every second-rate genteel locality, such as Brompton, or the Brixton Road, every sixth house we pass has a red lamp over the door; but if we visit the black slums in Bethnal Green, St. George's Southwark, and other localities of the same description, and notice how dense is the population, how thickly are families crowded together under circumstances the most prejudicial to health, and the swarms of children which seem positively to spring from the earth as we pass along,—and then inquire what medical men reside in the vicinity, we shall find their numbers small indeed in proportion with the multitude which may require their attention. It is in such localities as these that the services of a body of women scientifically educated would be of immense advantage to humanity. By far the most numerous class of cases the medical man is called in to attend, and where his ministrations are of the greatest value, are those connected with the diseases of women and children. Let us turn for one moment to those of children, and inquire if a more sufficient staff of medical practitioners were in the habit of visiting in poor neighbourhoods, what would be the result? Of children born of healthy parents, not only the life of the child, but the form of the future adult depends vastly on the amount of judicious care bestowed upon them in infancy, and that care is simply medical science carried out to its highest point—that, in fact, in which every appliance will bear the test of common-sense. Let us now find what is the value of infant life in rich and poor localities. In the poor courts and alleys about Farringdon Street, Field Lane, and Holborn, on the

authority of the Medical Officer of Health for the district (Dr. Ross, we believe) out of every five children born, one only reaches five years of age. Let us now turn to a wealthy locality—Lewisham, for example—there we find out of every five children born, one only dies before reaching five years of age. And what is the cause of this wonderful discrepancy? Simply in the richer locality the children have the advantage of great care being taken of them, backed by an equal amount of sound medical science; in the poorer the simplest forms of scientific care are almost unknown; and this, joined to poverty and dirt, causes the fearful mortality we have alluded to. Surely no one of common candour would dispute that in localities such as these the presence of a body of women scientifically educated would be of immense advantage.

But it must not be imagined that the spots we have chosen to illustrate our statement are by any means exceptional ones, on the contrary, they are to be found in all parts of the metropolis. In Bethnal Green the average duration of human life among the weavers, from excessive infant mortality, does not exceed eighteen years; while that of their employers is fully forty. Again, we may quote Kensington. In that parish are three well-known localities; the Potteries, Jenning's Buildings, and Palace Gardens; in the two former, on the authority of Dr. Godrich, the Medical Officer of Health, the average duration of life was, four years since, respectively only fourteen and fifteen years, while that of Palace Gardens is at least forty-five; the difference arising solely from excessive infant mortality. At present the health of the residents in Jenning's Buildings has greatly improved, owing partly to the efficient sanitary regulations of the vestry, but far more to the frequent visits of a society of nuns resident in the neighbourhood. These energetic ladies possess a considerable amount of elementary medical knowledge, and they use it with admirable effect; but would any one be hardy enough to deny that if these ladies were joined with others who had proofs to show that they had studied medicine as a science, and had been adjudged by a board of examiners capable to practice, that their labours, excellent as they are now, would not be then still more efficient?

Before we leave this part of our subject we must notice another great advantage which, in our opinion, may be obtained from the employment of really scientifically educated female medical practitioners among the poor. From the habit of our working classes to congregate together in large towns,

there exists a great danger that ultimately the physical form of our population will be deteriorated by the evils of overcrowding and impure atmosphere, as well as the absence of medical science necessary to counterbalance the mischief arising therefrom. Nor is there any prospect at present of a cessation of this practice. Our population is daily increasing, but the increase takes place, not in the country districts, but solely in towns and cities. Our peasant or country population is at this moment but little greater than it was in the year 1801; but what is the state of our towns? Look, for example, at some of our London parishes, and mark the increase of population which has taken place in some of those inhabited principally by the working classes, during the first fifty years of the present century. In the year 1801, the parish of Lambeth possessed a population of 27,985 souls, Shoreditch 37,766, Bethnal Green 22,310. At the census of 1851 we find Lambeth possessing 139,325, Shoreditch 109,257, and Bethnal Green 101,123. Nor has the increase of the population of these parishes stopped at the figures we have named; on the contrary, they have gone on increasing during the last thirteen years in still greater ratio. Time will not allow us to dwell longer on this subject, but we may mention that the increase in other large poor parishes, such as St. George's, Southwark, Bermondsey, Whitechapel, Walworth, and the remaining parishes of the Tower Hamlets, has been proportionately quite as large.

It should be remembered that while the increase of poor population in these parishes has been so great, the limits of the parishes themselves have not been enlarged, and every year the overcrowding and its attendant evils are on the increase, and among these, as we remarked before, the physical degeneracy of the race. This subject appears to us to be of so much importance that we are convinced that sooner or later it must force itself on the attention of the legislature. We are so accustomed to see the effects of overcrowding and want of systematic attention to the necessities and ignorance of our poorer classes, that we pay no attention to the question of deterioration of race, all important as it is. Let anyone visit some of the crowded poor localities in our metropolis, and notice the form of men, women, and children, of the second generation of those born in London, and then compare them with the mould of those of the middle classes whose parents have also been born in the metropolis, and the results will be very apparent; in the one class will be noted the stunted growth, narrow chest, and small muscular development; in

the other as fine a type of manhood as can be found in Europe; and a great portion of this difference may be traced, as we before stated, to bad nursing, ignorance, and the want of care the poor are generally subjected to in their infancy. True, poverty has a great deal to do in the matter, but not to the extent which is imagined. Nor is the evil greatly abating. More efficient municipal sanitary arrangements have certainly done much, but a great deal more remains to be done. The women must be taught a better method of nursing their children, how their rooms ought to be ventilated, and the advantages of cleanliness; and the diseases of their children should be entrusted to more skilful hands than their own, or, in cases of greater need, to the scarcely more scientific experience of the nearest druggist's shopman, who will not charge them more than a penny for a powder or a spoonful of soothing syrup. No doubt we shall be told there are parish surgeons appointed and paid to attend on cases of the kind, but let any one inquire what sort of attention the poor in our large towns or parishes receive from poor law philanthropy, and the amount of means and money placed in the surgeons' hands by the Board of Guardians, and he will rapidly arrive at the just conclusion that the parish attention to the sick poor is of the most disgraceful description. Not one case in twenty of the sick children in a poor parish comes under their surgeon's notice. In many parishes in London the amount he receives, finding his own drugs, will not exceed 4*d.* or 5*d.* for every case brought under his care; and the reader may easily imagine, if that sum were further subdivided by other cases, how insufficient would be the amount of attention each would receive. Experienced and scientifically instructed ladies, acting as dispensary officers, would be of immense advantage in these cases. They would to a great extent be instrumental in bringing about a much better system of sanitary domestic management among our poor, and also frequently be the medium between the rich and poor in charitable donations and assistance.

That female medical practitioners are at least as well adapted to attend on the rich as on the poor, we intend presently to prove; in the meantime we will discuss the capabilities, both mental and physical, of women, for an occupation of the kind. In the first place, the principal mental qualifications for a medical practitioner are a love for the profession, great and rapid powers of observation, quick intelligence, and a good memory. The physical, the power of supporting with patience

the fatiguing atmosphere of the sick room, and a gentle quick hand for dressing wounds and general manipulation. Surely these qualifications are as predominant in women as in men? We hear a great deal of the necessity for nerve, and the horrible idea of women performing operations. Let us take the last objection first. Has the reader any idea how rarely the knife is used in general practice? Let due inquiry be made, and it will be found that all the operations, even those of secondrate importance, in London, are performed by some twenty, or, at the outside, thirty gentlemen surgeons of hospitals, the rest of the profession never practising operative surgery beyond, perhaps, assisting the operator. It would be no difficult matter to find a hundred medical men who have been all their lives in practice, and who have not been called upon to amputate even a little finger. And even in operations a vast change has come over the profession during the last twenty years; conservative surgery, or the power of avoiding the knife, being now the great test of talent in the surgeon, and not, as formerly, the number of operations he performed and the time in minutes or seconds he occupied while so employed. God forbid we should ever see the knife in a woman's hand; but why object to her dressing and healing the wound the knife has made? Any one who has witnessed the behaviour of women when attending surgical operations as nurses, will admit that they show no want of nerve. We have frequently seen medical students either faint or obliged to leave the theatre during operations, but we never remember a case of the kind occurring to any woman who might have been present.

Another objection against the admission of women into the medical profession which has been made, is that the studies of the dissecting room are repulsive to feminine feelings, and yet without a competent knowledge of practical anatomy there can be no real skill in a medical practitioner. This last we fully agree in, but the former appears to us to be rather a question for the student herself than the public at large. Without love for the science of medicine, the study of anatomy must be repulsive to all, both men and women; but if that love is capable of changing anatomy into a beautiful science in the minds of men, why should it not be able to work a similar change in the minds of women? And then again it should be remembered that it is solely during their noviciate that this study will be required of them. In the general course of such practice as would be likely to fall into the way of women they would afterwards require but a general knowledge of anatomy.

Not one medical practitioner in a hundred who has been five years in practice would be able to pass even a moderately severe examination in anatomy, without again having recourse to a teacher, or his own old school books, for assistance.

Again, we are told that the profundity and exactness of reasoning necessary for the successful practice of medicine or surgery, is hardly an attribute of women. That they are observant, quick, kind, and intelligent, is admitted on all hands, but at the same time the profound thought necessary for the medical profession is wanting in them. How, we would ask, during the last quarter of a century, has the medical profession proved that they possess, themselves, the qualifications they maintain to be wanting in women? Can any practice have been more vacillating than the different systems and remedies which have, from time to time during that period, been adopted by the great body of physicians? How often, twenty years since, were quacks either prosecuted or blamed for not using the lancet in certain cases, where the college of physicians declared it to be necessary? In hospital practice it was then no unfrequent circumstance for forty or fifty persons to be bled or cupped in a single day, when now not half-a-dozen patients are bled in a fortnight. Again, take the treatment of fever. Not ten years since, a celebrated physician introduced, or rather practised, the stimulating system to such an extent that he has been known to prescribe an ounce of brandy every hour, and continue the treatment for days together. Now, a practitioner whose patient died under treatment of the kind would probably find himself obliged to defend his theory at a coroner's inquest; yet when the physician to whom we alluded was in vogue, if any one lost a patient when not practising this stimulating system, he would probably have been blamed by every practitioner who heard of it, so blindly was the opinion of the great man followed by the profession at large. Had the senate of the college of physicians been composed of women instead of men, could their theories have been more vacillating? Nor are we certain finality is yet arrived at. The treatment of diabetes, hitherto, has been to debar the patient the use of sugar in any form; but a rumour is already arising that in the minds of some members of the profession, at least so we have heard, that this treatment is erroneous and that, on the contrary, sugar ought to be administered in every possible form, to counterbalance the loss occasioned by the disease. We give the rumour as we heard it, and not being in the profession ourselves, abstain from passing even the most

distant decision on its merits; but should the suggested treatment ever be adopted, it would cause us not the slightest surprise; we could quote without difficulty half-a-dozen changes in the treatment of diseases quite as abrupt.

True it is, the profession now urge as an excuse for their change of practice that the English constitution has of late years undergone a great change, and that a similar change should also be made in the treatment of diseases, to meet the altered peculiarity in the constitution; but we must most respectfully doubt the excuse to be a valid one. But even admitting it to be correct, will they point out the reason that different remedies, and even different applications of remedies, shall be so frequent among them to procure the same end? Many physicians of eminence praise highly Priessnitz' cold water bath process, which consists of placing the bather in cold water and dripping wet sheets, and he is continued in these till the cold passes away and reaction brings on an excessive heat, while others are in favour of the Turkish bath system, which appears to act in a directly opposite manner. The bather is here kept in a violent perspiration for some time, in a bath heated to a very high degree, and he is then cooled as rapidly as possible. Why is this discrepancy, we would ask, or are both right?

Let us now assume that the science of healing is not antagonistic to the female mind, and that women possess the requisites of kindness, intelligence, power of study, patience, thoughtfulness, and energy. It now only remains for us to notice what branches of the profession are peculiarly adapted for their ministrations. Without hesitation we name the maladies of their own sex, those known under the generic name of the diseases of women and children. Let us first take the maternity cases, for on these there can be no doubt. In all other parts of Europe are accouchments more frequently attended by women than by men, and there is not a country in Europe where the skill of the practitioner, and its results, are not at least as excellent as with us. In some countries—such, for example, as Italy, where five-sixths of the cases are attended by women, all instructed in that branch of the profession and many possessing a great amount of scientific knowledge—the deaths in childbirth are fewer and the recovery of the mother more rapid than in our own. Even among the poorer classes in England a large proportion of cases are attended by midwives, and that without any opposition on the part of the medical profession. But here a singular anomaly presents itself. As long as the midwife is a low uneducated woman, one of the "Sairey Gamp" school,

for example, no objection is shown to her practising; but the moment it is proposed to employ ladies scientifically educated, the whole profession, and that a learned profession too, rise up as one man against the proposition. Is this either just or generous to women? The means of employment for educated ladies, with the exception of governesses, in this country, are exceedingly rare, and the opening out another career by which they might obtain sufficient to maintain themselves would be a great advantage. It should also be borne in mind that most able-bodied women, either married or single, have others dependent on them for support, and thus, benefiting one woman is frequently adding to the means of existence of others. If married, they have their own families to support; and few single women can be found who have not a mother, or sister, or sister's child, who looks to her for assistance.

We are told, as another objection, that if women were educated for the medical profession it would either be a bar against their marrying, or, if they married, they would be obliged to resign their profession. Let it be so, but we do not see that it naturally follows; still, that is a question for their own individual consideration, not one for the public at large. At any rate they have one advantage when unmarried which men have not when single. No lady, when expecting to be a mother, would refuse to engage a woman to attend her on account of her being unmarried; yet we have met with many skilful and worthy men who have been unable to get into practice from that cause.

But let us now adduce another reason for the employment of women in the medical profession, which, in our opinion, will prove, above all others, the necessity for their being instructed in the science. Of late years a class of female diseases has been brought prominently under the notice of the faculty, which appears to have been almost if not entirely unknown a quarter of a century since; diseases which, we are informed, are exceedingly common, but which are never mentioned but in books of medical science. The very frequency and nature of this disease call, we maintain, imperatively, for the organisation of a corps of female practitioners to attend. This subject, for obvious reasons, is an exceedingly difficult one for us to allude to, and we must pass it rapidly over, but we would refer our readers to the pages of the *Lancet* and other medical journals. They will find a very animated correspondence on the subject carried on about ten or twelve years since; a very large proportion of the profession, among the rest the principal consulting surgeons,

denying the existence of the disease, the remainder asserting it to be one of the most common which afflict humanity. The majority appear now to have retired from the field, whether from conviction or disgust we know not, and the existence of this very prevalent disease is now stated to be an established fact. It is then especially for this class of disease that we insist on the necessity of having female medical practitioners. Morality, decency, and female modesty, we maintain, require it. By reference to medical works, published about ten years since and continued to the present time (we mean works especially written for the medical profession), it would appear that a confessional, of a most objectionable description, is established among us; and if, unfortunately, it be at all necessary, we think that the confessions would be more appropriately heard by educated women than by men. We cannot go further into this part of our subject, but we ask fathers of families to read some purely medical works which treat on the disease, and we are quite willing to abide by their decision whether we have at all overstated the case.

We will now submit that the refusal to allow women to obtain medical degrees, is not only an injustice to the candidates themselves, but to the whole female community at large. In the first place it deters women from profiting by the different opinions of medical practitioners as to the treatment of their complaints. Any one at all experienced in the particular temperament of English women, is aware of their extreme repugnance to change their medical adviser, and this feeling frequently continues, even after they have begun to doubt the infallibility of their own. Physicians are by no means incapable of committing errors in the treatment of their female cases; we mean so far as purely feminine diseases are concerned. We could quote many cases where the most direct blunders in diagnoses have been committed by physicians of eminence in that branch of the profession. Here, again, our hands are unfortunately tied, and we cannot go deeply into the subject; but at the same time we cannot refrain from mentioning one case of the class alluded to.

About three years since the writer had to remain some weeks in Paris. In the house he lived in resided a young lady, an Englishwoman, some four or five and twenty years of age. Although a great invalid, she was eminently handsome; that is to say, in the mould of her features; but the extreme, almost unearthly pallor of her countenance, and sad wildness in the expression of her eyes, made her rather an object for intense

sympathy than one for admiration. From weakness apparently she was hardly able to walk. She could, by leaning on the arm of her servant, pass from one room to another on the same floor, but even that she performed with difficulty. To ascend a flight, or even a couple of stairs, without being carried, was to her a physical impossibility. On inquiry we were told she was the daughter of a gentleman of fortune in England, that she had been suffering for four years from one of the class of diseases we have alluded to, and that during the whole time she had been attended by a physician of great eminence in cases of the kind without obtaining any relief. At last, in consequence of some unfavourable mental symptoms making their appearance, it was suggested that change of scene and atmosphere might be of use to her, and she was sent under the care of an aged female relative to Paris. Here for a short time she appeared to experience considerable benefit, but the favourable progress soon subsided, and she fell back again into the apathetic sort of mental torpor she had exhibited prior to her leaving England. For some time during her stay in Paris no medical man attended her, but a constant correspondence was kept up with her own physician in England.

At last, the young lady complained to her aunt that some severe symptoms of her original complaint had returned, and the old lady, fearing some serious relapse, sent for a medical friend of hers, a retired surgeon in the British army, at that time on a visit to Paris, to see her niece professionally. He listened attentively to the description of her complaint as detailed by the aunt, and when she had concluded, he said: "I am of opinion that the disease you complain of is frequently imaginary. I shall have much pleasure in attending you, if yours is real; but first you must apply for the advice of Madame —— (naming a lady of great eminence in female diseases), and if she states that you are really suffering from the complaint you believe, let me know; at the same time, she is quite as competent to attend you, as I am, or any doctor, either in England or France."

Neither the young lady nor her aunt were particularly pleased with the surgeon's advice, but rather than offend him they determined to follow it. Madame —— paid her a visit, and had a long consultation with her patient, the result of which was that she denied there was the slightest appearance of the disease for which the young lady had been so long treated. Madame —— prescribed a course of cold bathing and tonics. She had, moreover, the inestimable art of securing the confi-

dence of her patients, and when she left the house she carried with her the goodwill of both niece and aunt. Although they doubted her opinion being correct, the young lady had the good sense to follow the course prescribed, and the result was the writer had the satisfaction, a fortnight later, of walking with her twice down the long gallery of the Louvre, without the slightest appearance, on her part, of fatigue or inconvenience.

Another great advantage may also be noted which will arise from the employment of female medical practitioners; the possibility of women in the earlier stage of disease being able to apply for advice. This facility may be supposed to exist in the present day, but such is not the fact. True, there is no lack of expert medical practitioners for the middle and higher classes of society, but Englishwomen, as a rule, have an immense aversion to apply for male assistance till necessity absolutely obliges them, and in consequence frequently conceal a malady till it has taken a firm hold of the constitution and become chronic. It would be impossible to estimate correctly the immense amount of mischief this natural and even commendable reticence on their part occasions. Most of their diseases, if taken in time, are easily cured, but the mischief increases rapidly by delay. With well-educated women at hand this evil would be greatly diminished. Women, as a rule, have certainly less objection to speak of their ailments to other women interested in their welfare, than men have to talk of theirs to men. At any rate they would then have the power to choose a male or female medical adviser; which, in England, they certainly have not under our present system.

Let us now take a rapid glance at the advantages to be gained from the employment of female medical practitioners, and then ask the candid reader what honest valid objections can possibly be raised against their admission into the profession. In the first place, and in our opinion by far the most important, the poor would be immense gainers, both physically and morally, by the change. One half of the misery of our working classes arises from domestic mismanagement; and the presence in their homes of ladies scientifically educated in domestic management and nursing—and these comprise by far the greater portion of the duties of the ordinary general practitioner—would be very useful in reforming the homes of our poor. As in theology medical missionaries are more successful than any other in converting the heathen, so no sanitary reformer would be equal, in the homes of the poor, to the scientifically educated, charitably disposed woman. The female

medical practitioner might also be a great reformer in the morals of the poor, and advice from the mouth of a clever scientific female moralist would be perhaps listened to with more respect than even from the minister of religion himself. Few are aware of the power a clever respectable woman has in gaining the attention and respect of the fallen. We might go deeper into the matter, and with possible advantage, but questions of the kind are hardly suited to the scope of a work on general literature; still we can conscientiously maintain that many possible benefits might accrue from the interference of scientifically educated ladies in matters of the kind, and we challenge our strongest opponent to discover one disadvantage which could by any chance be brought against our proposition. The objection urged by those who are utterly ignorant of the manners and habits of our London poor, that it would be impossible to employ educated ladies in the denser and more lawless of our London localities—such, in fact, as those where the sanitary reformer is most wanted—from the insults and annoyances they would probably be exposed to, is equally untenable with most others raised against us. Never was a grosser slander. With all the faults of our roughs and blackguards, and their name is legion, they are as incapable of uttering an offensive remark or offering an annoyance to a lady bent on a charitable mission, as the highest society in the land; that is to say, if she does not press in advance tracts bearing on her own peculiar theological views, or talk to grown-up men as if they were children just escaped from the nursery. In proof of this fact we challenge the testimony of any or all of those ladies who are in the habit of visiting, on charitable missions, among the poor, and we are persuaded their answers will fully bear out our statement.

To the rich lady it will give the choice, at her own discretion, of selecting a male or female practitioner, both equally expert, as her medical confessor, to whom she is to narrate the description of her bodily infirmities. That no objection has a right to be urged against her employing a clever and amiable gentleman we most readily admit, without one word of animadversion; but we insist that we do her no injury by giving her the power of making a choice on the subject. As we have already shown, it will allow her the advantage of other advice, should the practice of her own medical man prove in her case unsuccessful; a power almost impossible for her at present to use, from the deep-rooted aversion Englishwomen have to consult a stranger.

But a great point in favour of the female medical practitioner remains to be told; the power it will give a young girl to consult one of her own sex. Few mothers of families cannot bear testimony to the tears a young girl frequently sheds, when called upon to place her infirmities for the first time before a medical man for his advice; and painful as those tears are to witness, they are scarcely less so than their absence when habit has destroyed the sensibility which first caused them to flow. We would not say one disrespectful word on the medical profession—on the contrary, we firmly believe there is not one more honourable, charitable, or useful; but we maintain that the cause of morality would frequently be benefited by the employment of women in medicine. The first destruction of the sentiment of modesty in a young girl frequently leads to deplorable results. But even without these, we submit nothing can be more sacred to the mind of a parent than the unwounded sentiment of modesty in her child, and that alone ought to be sufficient to plead in favour of the employment of those to whom they can apply for advice without injury to that feeling.

In conclusion, we trust that all our readers interested in the employment of women will admit that, by allowing them to obtain medical degrees, an honourable means of existence will be opened to hundreds of educated women who are now struggling with difficulty to maintain themselves in respectability.

Emily Faithfull, Printer and Publisher in Ordinary to Her Majesty,
Victoria Press, 83A, Farringdon Street, E.C.